


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90027 034 \*\*\*158.75

<b>DOCUMENT # P00000109050</b>	
1. Entity Name CANTOR GRANITE & MARBLE, INC.	

Principal Place of Business 523 W 19 STREET ORLANDO, FL 32805	Mailing Address 523 W 19TH STREET ORLANDO, FL 32805
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02142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3702056	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CEVALLOS, JUAN RAMON 125 PINEY WOODS RD APOPKA, FL 32703
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE <i>[Signature]</i> <b>2/14/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CEVALLOS, GERSON <i>CEVALLOS GERSON</i> <i>1227 West-28st</i> <i>ORLANDO FL 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CEVALLOS, JUAN R <i>CEVALLOS JUAN R</i> <i>1227 West-28st</i> <i>ORLANDO, FL 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>NEW OFFICER!</i> <i>TRISA A. CEVALLOS</i> <i>1227 West-28st</i> <i>ORLANDO, FL 32805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: <i>[Signature]</i> <b>2/14/2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>